

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12924 3764	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael L Elsberry P.O. Box, Bldg., Room No., if any Street 1404 Prospect Avenue City Clinton State Iowa ZIP Code + 4 52732-6836	4. Name, file number, and address of labor organization. Name Locomotive Engineers AFL-CIO Labor Organization File Number 012-924 P.O. Box, Building and Room Number, if any Street 1946 118th Lane NE City Blaine State Minnesota ZIP Code + 4 55449-5463
5. Position in labor organization. Vice General Chairman GCA UPRR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Michael L. Elsberry</u>	On <u>July 8, 2005</u> <u>563-243-7227</u> Date Telephone Number

Name of Person Filing Michael Elsberry	File Number U- 12924 3764
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Yaeger Jungbauer Barzak & Roe, PLC Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any Suite 1400 Street 701 Fourth Avenue South City Minneapolis State Minnesota ZIP Code + 4 _____	14.a. Nature of payment. Christmas gift Omaha Steaks received in December 2004, estimated over \$25.00
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name All DLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Cocktail Party on April 12, 2004
Dinner at WGCA Banquet on April 14, 2004
Both myself and wife attended both events with an estimated cost over \$25.00 each event each person

See attached list of all DCL

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Schlichter, Bogart & Denton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 900

Street 100 S. 4th Street

City St. Louis

State Missouri ZIP Code + 4 63102

14.a. Nature of payment.

April 13, 2004 Dinner for self and wife with many other BLET Representatives at Hugo's Estimated to be over \$25.00 per person

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.